

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91310 018 ***150.00

DOCUMENT # P01000094563

1. Entity Name
XAPLOS, INC.

Principal Place of Business
**1747 POLO LAKE DRIVE EAST
 WELLINGTON FL 33414**

Mailing Address
**1747 POLO LAKE DRIVE EAST
 WELLINGTON FL 33414**

2. Principal Place of Business
**10282 Fox Trail Rd. S.
 Suite, Apt. #, etc.
 #204**

3. Mailing Address
**P.O. Box 211985
 Suite, Apt. #, etc.**

City & State
Royal Palm Beach, FL
 Zip
33411
 Country
USA

City & State
WPB, FL
 Zip
33411
 Country
USA

4. FEI Number
65-114112

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MARK F
 1747 POLO LAKE DRIVE EAST
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name
Mark F Rodriguez
 Street Address (P.O. Box Number is Not Acceptable)
10282 Fox Trail Rd S.
Apt #204
 City
Royal Palm Beach **FL** Zip Code
33411

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: **Mark F. Rodriguez, President** **4-1-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARK F 1747 POLO LAKE DRIVE EAST WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rodriguez, Mark F 10282 Fox Trail Rd S, #204 Royal Palm Beach, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CHRISTINE A 1747 POLO LAKE DRIVE EAST WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rodriguez, Christine A 10282 Fox Trail Rd S, #204 Royal Palm Beach, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mark F. Rodriguez, President** **4/1/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)